



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	DARLENE A FEENEY			
Street Address	3901 STATE STREET			
City	ERIE	State	PA	Zip Code 16508-3125

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/07/2017	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only 2018 JAN 19 PM 1:00 ERIE COUNTY VOTER REGISTRATION KA
	11/27/2017	12/31/2017	
A. Amount Brought Forward From Last Report	\$	- 398.79	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$.00	
C. Total Funds Available (Sum of Lines A and B)	\$	- 398.79	
D. Total Expenditures (From Schedule III)	\$.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	- 398.79	
F. Value of In-Kind Contributions Received (From Schedule II)	\$.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$.00	

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

19th day of January 2018

Kimberly S. Alexander

Signature

Darlene A. Feeney

Signature of Person Submitting report

Printed Name

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL MO. DAY YR.
Kimberly S. Alexander, Notary Public814
Area Code866-2453
Daytime Telephone Number

Part 2- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

My Commission expires 10/31/2019. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Sworn to and subscribed before me this

19th day of January 2018

Kimberly S. Alexander

Signature

My Commission expires 10/31/2019

MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
Kimberly S. Alexander, Notary Public
City of Erie, Erie County
My Commission Expires Oct. 31, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number									
-----------------------------	--	--	--	--	--	--	--	--	--

										Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City					State		Zip Code		Date [MM/DD/YYYY]		
								\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City					State		Zip Code		Date [MM/DD/YYYY]		
								\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City					State		Zip Code		Date [MM/DD/YYYY]		
								\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City					State		Zip Code		Date [MM/DD/YYYY]		
								\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City					State		Zip Code		Date [MM/DD/YYYY]		
								\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City					State		Zip Code		Date [MM/DD/YYYY]		
								\$			

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			

PART C
Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
------------------------------	--

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code			Date [MM/DD/YYYY]
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code			Date [MM/DD/YYYY]
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code			Date [MM/DD/YYYY]
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code			Date [MM/DD/YYYY]
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		
Receipt Description									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	
------------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED: VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
---	--	----

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number	
-----------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution				
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution				
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution				
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution				

SCHEDULE III
Statement of Expenditures

Filer/Identification Number:	
------------------------------	--

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer/Identification Number:	
------------------------------	--

Name of Creditor:					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City		State	Zip Code			
Description of Debt						

Name of Creditor:					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City		State	Zip Code			
Description of Debt						

Name of Creditor:					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City		State	Zip Code			
Description of Debt						

Name of Creditor:					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City		State	Zip Code			
Description of Debt						

Name of Creditor:					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City		State	Zip Code			
Description of Debt						

Name of Creditor:					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City		State	Zip Code			
Description of Debt						